Access to mental health and well-being services in Sandwell during COVID-19 Pandemic

May 2021

Introduction

Healthwatch Sandwell (HWS) are the independent voice of the public for health and social care services in Sandwell. We collect people's experiences of health and social care services and use that feedback to work with service commissioners and providers to look for ways to improve local services. One of the ways that we do this is to carry out focused projects each year that are based on priorities identified by the public, service providers and service commissioners, this is part of our annual workplan. Our aim is to influence change in health and social care delivery in Sandwell.

A priority that was identified is mental health and wellbeing services. A survey conducted by HWS in February 2020 found that 60 % of respondents indicated that accessing and the quality of mental health and wellbeing services were a priority area for them.

In March 2020, the coronavirus (COVID-19) pandemic) brought about sudden unplanned changes to health and care services across the UK and the virus affected people's physical, mental health and wellbeing. HWS staff had spoken to people during the subsequent national lockdowns, who described the effect on mental health and support services i.e., service offers either stopped due to Covid-19 or changed to phone/virtual support.

Mental health disorders account for almost a quarter of the total burden of ill health[1] in the UK. There is also a well-documented burden of mental health disorders[2] following disasters, including evidence from previous viral outbreaks[3]. This suggests that COVID-19, and the response to the pandemic, could have a significant consequence on the nation's mental health through increased exposure to stressors. There has been a loss of coping mechanisms for many, and reduced access to mental health treatment and wellbeing services.

More than two-thirds of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life[4]. While some degree of worry is understandable, more severe mental ill health is being experienced by some groups.

Different groups of people in the UK experienced the COVID-19 pandemic and the lockdowns very differently. One area of concern is the effect of the pandemic on mental health and how this is affecting some groups much more than others. Healthwatch Central West London have conducted a survey into young people's experiences of mental health before and during COVID -19[5]

In addition to these drivers, Black ethnic groups have been greatly affected by COVID 19 a Government report[6] highlighted that the highest age standardised diagnosis rates of COVID-

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[1] https://www.rsph.org.uk/uploads/assets/uploaded/b215d040-2753-410e-a39eb30ad3c8b708.pdf

[2] https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032013-182435#_i1

[3] https://www.nuffieldfoundation.org/project/covid-19-social-study

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/5june2020

[5] https://healthwatchcwl.co.uk/bridging-the-gap-young-peoples-experiences-of-mental-health-before-and-during-the-covid-19-outbreak/

[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males). Therefore, the inequality in COVID-19 mortality between ethnic groups is the opposite of that seen for all causes of death in previous years. In Sandwell, the Black country Healthcare NHS Foundation Trust have completed a study[7] which engaged with the voluntary and the local community organisation who have been at the forefront during the pandemic, delivering essential services such as food, clothing, mental health support and well-being calls, it identifies how the Black ethnic groups have managed during the Pandemic and the barriers they encountered.

Objectives

The objectives of the project are:

- ❖ To understand how COVID – 19 has impacted on people's mental health and what coping mechanisms they have utilised.
- ❖ To ascertain which mental health and wellbeing services in Sandwell were accessed during COVID – 19 including how they were accessed and how effective they were.
- ❖ To consider what the longer-term implications are for individuals and mental health services.

Target Population

The target population for this project were the general population[8] who already had mental health issues prior to COVID 19 as **well as** those who's mental health has been affected by the pandemic. HWS also engaged with specific groups, that HWS already had contact with, including:

- ❖ Deaf and hard of hearing community
- ❖ Young people who are part of HWS Youth Healthwatch
- ❖ Adult Carers

Due to the sensitive nature of mental health, HWS ensured that contact with participants was handled sensitively and in a confidential manner unless a person discloses that they/or another are at risk from harm. In the latter situation HWS followed Engaging Communities Solutions safeguarding policy for adults and children.

There were 50 responses to the survey, 30 participants in the focus groups and 15 telephone interviews. See appendix 1 for total demographic breakdown. It is possible that focus group participants and telephone respondents may also have responded to the survey.

The focus groups took place online and were hosted with a range of different groups across Sandwell. At least one of the groups was hosted by a specific mental health service and therefore, there is a higher amount of feedback about that specific service than other services within Sandwell. It was hoped to have a specific Black ethnic group, but at the time of this study there were a number of projects simultaneously taking place and the people

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[7] Impact of COVID 19 on the Mental Health of Black, Asian Minority Ethnic Communities and Organisations across the Black Country.

[8] General population refers to all individuals without reference to any specific characteristic.

from this group were involved in those projects. However, people from the Black ethnic groups participated in the survey, telephone interviews and others focus groups.

Methodology

This project used mixed methodologies in order to engage with different cohorts of participant. This enabled the project to get the best from different methods of engagement and potentially reach a wider range of people with a greater depth of understanding than using a single method.

- ❖ Telephone interviews with pre-set question to people who HWS have had contact with during COVID-19.
- ❖ Survey (online and hard copies).
- ❖ Focus groups with specific groups of people using teleconferencing software e.g., Zoom, Microsoft Teams etc.

The survey data was analysed using SNAP analytics to provide descriptive statistics on the experiences of people who have experienced mental ill health prior and during COVID-19. The telephone interviews, surveys and focus groups data were also analysed using thematic analysis to identify key themes from the feedback and have been amalgamated.

Findings

The findings are represented using the themes from the question headings used in the survey, telephone interviews and focus groups:
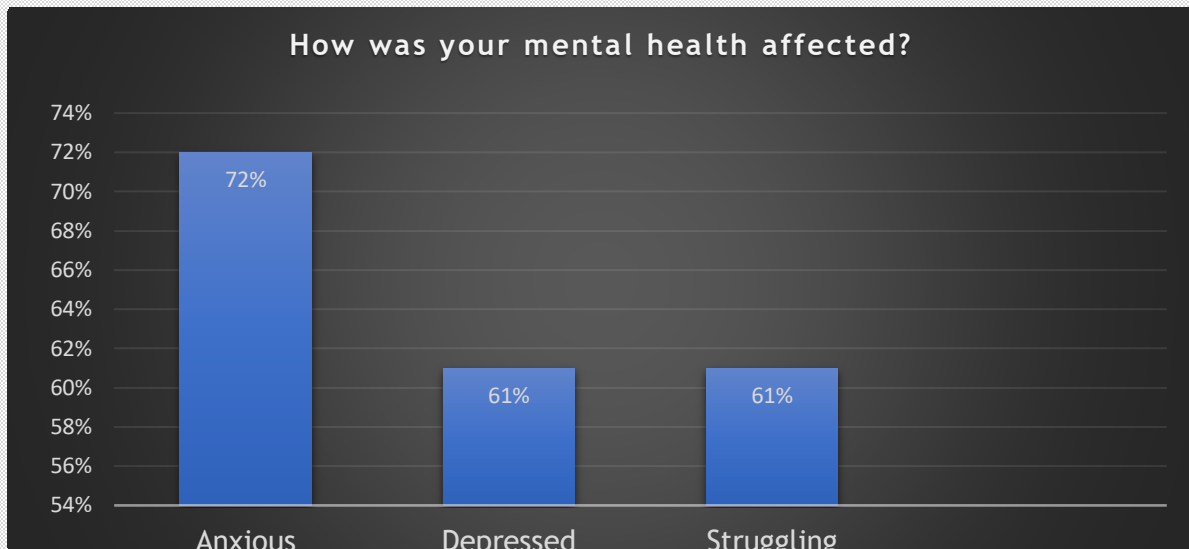
1. **Mental health before Covid-19.**

Respondents to the survey were asked if they had had any difficulties with their mental health before Covid-19. 64% said that they had had difficulties with their mental health before the Covid-19 Pandemic.

Did you have any difficulties with your mental health before COVID-19?


No 36%
Yes 64%

Yes
No
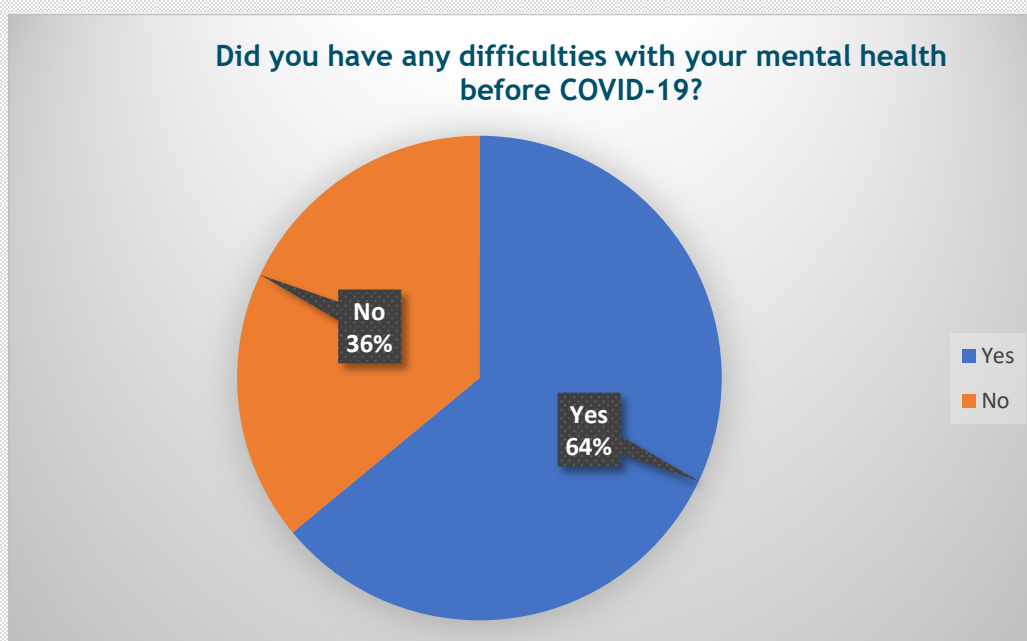
Those taking part in the focus groups and telephone interviews described their mental health before the Pandemic and identified that they had some issues such as being *'on anti-depressants'* or were *'waiting for second tier treatment[9]'* at that point.

The respondents that said that they had difficulties with their mental health before the Pandemic, 72% said that they had been anxious; 61% said that they were depressed and 61% said they were struggling more generally. Respondents were able to identify more than one issue that applied to them, hence the high percentages.

How was your mental health affected?

Issue	Percentage
Anxious	72%
Depressed	61%
Struggling	61%

Respondents described the stresses that effected their mental health which caused anxiety but were exacerbated by COVID-19- *'so much worse... I was anxious before but COVID heightened it'.* A respondent described having periods of depression before COVID-19 but was able to keep busy by volunteering, however this was not possible due to lockdown.
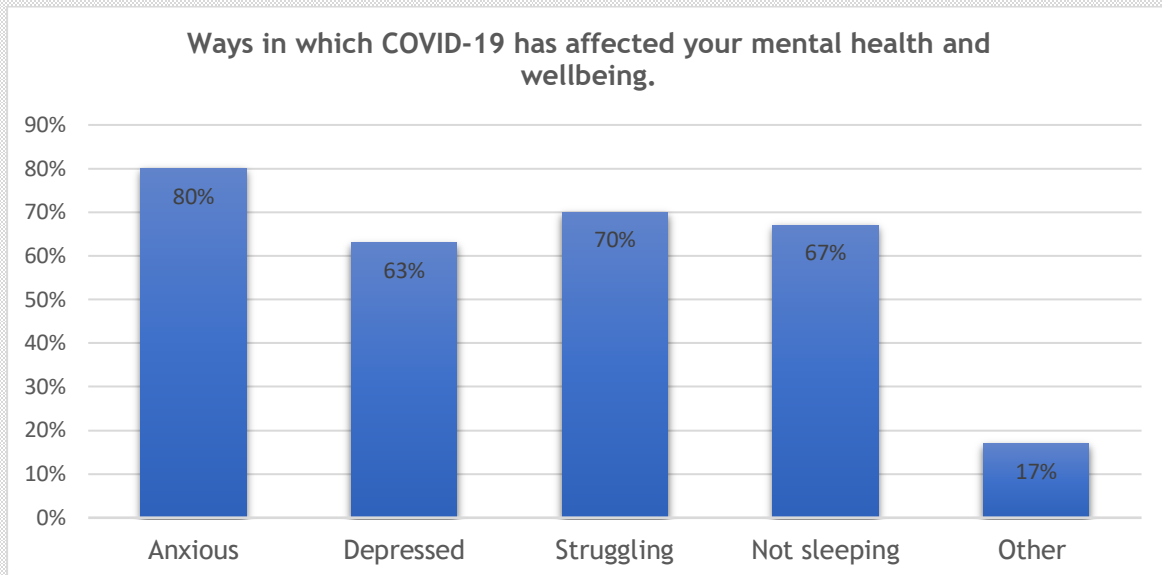
2. Effects of COVID-19 on mental health and wellbeing.

Has COVID-19 affected your mental health ?

Yes 60%
No 40%

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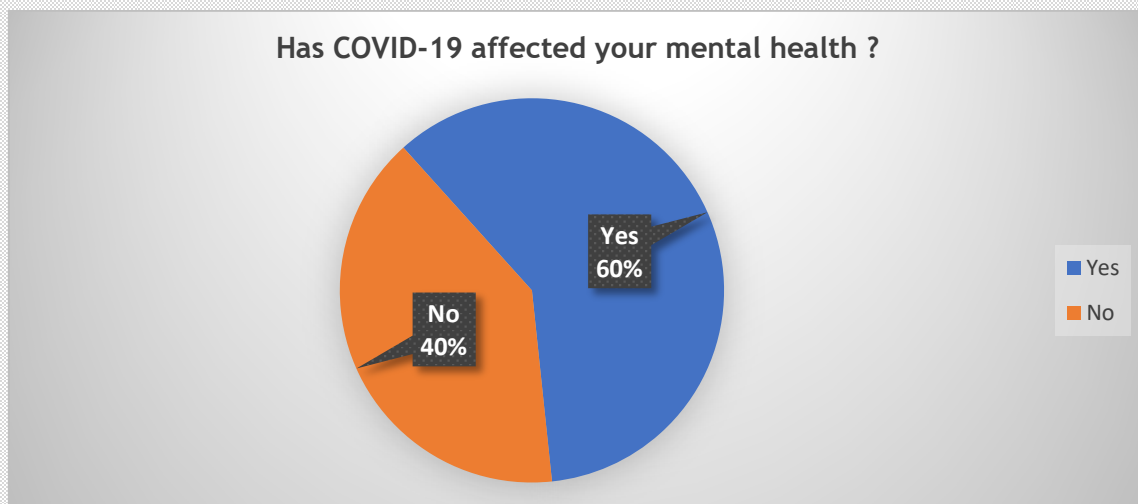
[9] Tier 2

Mainstream Prevention – Specialist Secondary Care services.

When asked if Covid-19 had affected their mental health, 60% of the respondents to the question said that their mental health had been affected. Those that said their mental health had been affected were asked in what way it was affected. 80% said that they were anxious; 70% said that they were generally struggling; 67% said that they were struggling to sleep; and 63% said that they depressed. Respondents were able to identify more than one issue that applied to them.

Ways in which COVID-19 has affected your mental health and wellbeing.

Category	Percentage
Anxious	80%
Depressed	63%
Struggling	70%
Not sleeping	67%
Other	17%

For many of the respondents their mental health had been substantially affected by the social isolation of the successive lockdowns and ongoing restrictions on in-person social contact. This included having contact with wider family members as well as with friends and social networks. One participant commented on how they were *'missing [my] granddaughter; losing connection; contact with others. The isolation is awful.'*

Respondents also told of feelings of isolation with one saying that *'a large part of my day is spent sitting in my house'* and another saying that they *'feel shut off from the world'*. Another respondent described not being able to pursue their hobby as they can't get parts (shop closures), so they are inactive *'now I do more moping about and watching the telly'*.

Another commented *'I feel on my own…I hide my feelings from my partner…don't want to cause worry'*. A respondent described how being unable to go out was causing tension in the family unit *'It's just the 2 of us and I do think it can cause friction'*.

For some being isolated was having an impact on their confidence with one saying that they *'haven't been out…after being stuck in, it's affected my confidence'* and one carer said that they had been unable to leave the person they cared for initially but was now going out to the shops. However, *'shopping has all changed, there are new rules and I have lost my confidence and it caused me to panic'*. They were now having to *'go with my daughter to build my confidence back up'*. A respondent described how not being able to go out they have developed agoraphobia and feared going out now.

Some people have experienced bereavement some due to COVID-19, the restrictions at funerals have interfered with the grieving process and this has impacted on mental health and wellbeing.

Respondents described being fearful of the virus and for the future. It was stated *'there are so many conspiracy theories about COVID that it's hard to know what the truth is'* Another commented *'We've are so much further advanced with information technology, but we are still not getting correct information, people aren't listening to facts so are making it up and believing it. We have not learnt from past mistakes.* These fears were affecting people's mental health and wellbeing.

Respondents described their concerns about finance due to unemployment (redundancy) as a result of COVID-19 and due to caring responsibilities.

During the young people's focus group there was specific mention of the repercussions of home schooling and the uncertainty of the changes to exams on their mental wellbeing. One participant described learning being online as being *'overwhelming'*. Another said that they *'had to do everything through emails. It was difficult. It stressed me out'*. The uncertainty over whether exams were taking place or not caused one participant to *'be anxious'* and another said that they were now *'anxious about the future'*. There was fear of the knock-on effect with university places and effects on job opportunities in the future too.

Although most comments about the consequences of the Pandemic on mental health were negative there were two participants who had seen the Pandemic and the associated restrictions as giving them a space to recover that would not have been possible if they had been living as usual. One commented that *'I have had more time during C19 to focus on my recovery. I may have been forced into employment before and it may have caused my mental health to break down again'* whilst the other said that *'with Covid 19 I have got to know myself more'*.
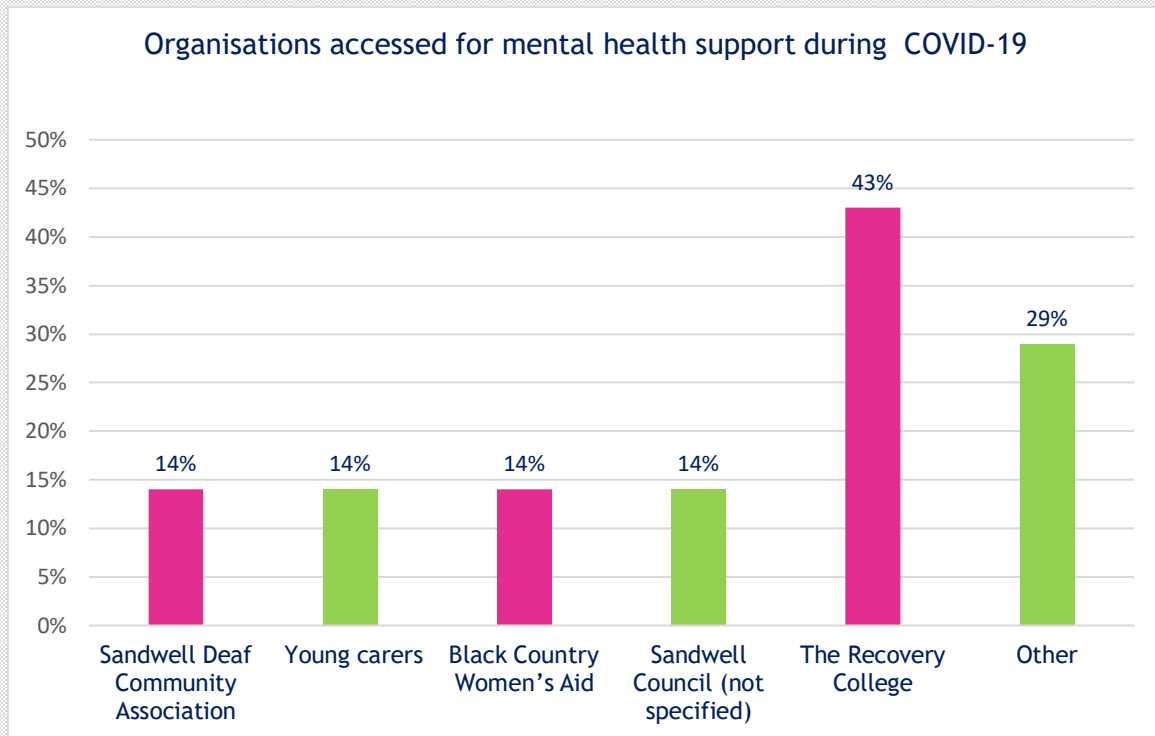
3. **Support from mental health and wellbeing organisations before COVID-19.**

Respondents were asked if they had received support from any organisations for their mental health prior to the Pandemic. 73% said that they had not received support from any organisations prior to the Pandemic. This is a higher percentage than those saying that they did not have any mental health issues at that point which may suggest that there were some who had been struggling with their mental health who were not receiving any support.

Before COVID-19 did you receive any support from organisations to assist you with your mental health ?

Yes 27%

No 73%
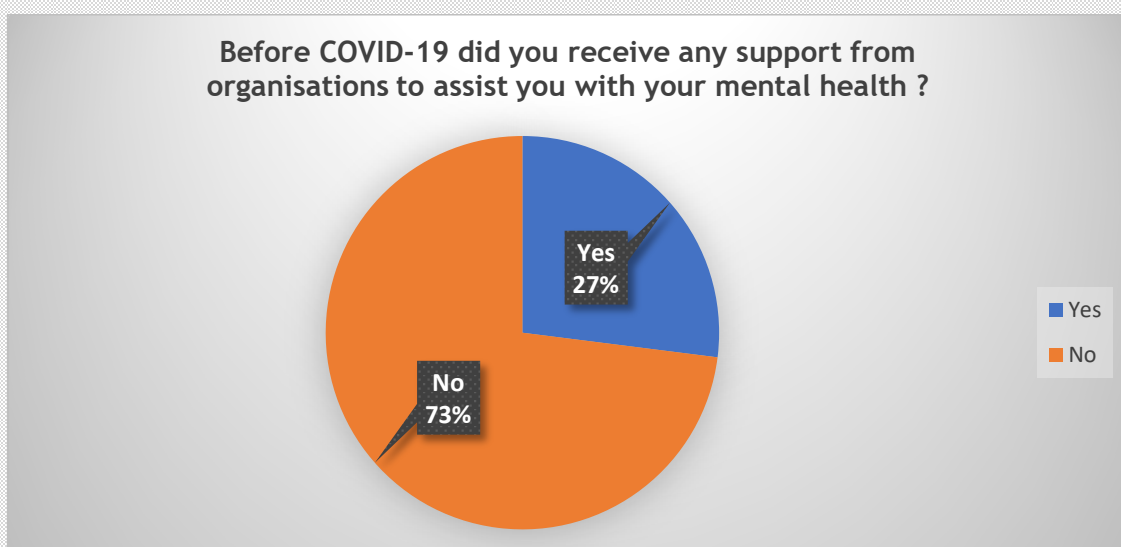
Of those who had been receiving support 43% said that they had been receiving support from the Recovery College (Black Country Healthcare NHS Foundation Trust). This is much higher than any of the other support agencies listed and may be explained by a wider promotion of the survey to their service users by the Recovery College as they also hosted a focus group for the project.

4. **Organisations accessed for mental health support during COVID-19.**

Organisations accessed for mental health support during COVID-19

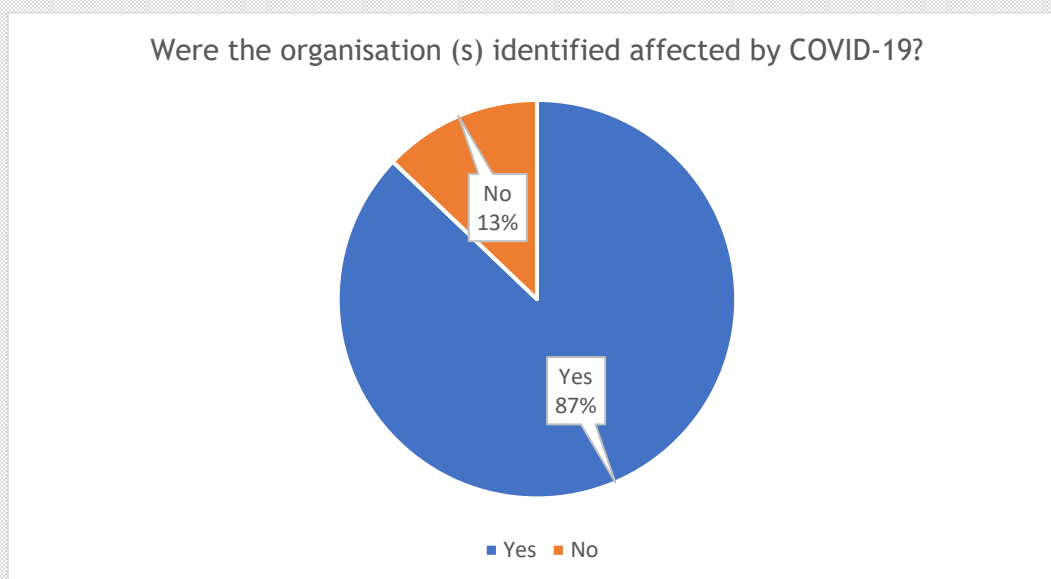| Organisation	Percentage
Sandwell Deaf Community Association	14%
Young carers	14%
Black Country Women's Aid	14%
Sandwell Council (not specified)	14%
The Recovery College	43%
Other	29%

Survey respondents were given an extensive list of mental and wellbeing support organisations, which included: Sandwell Advocacy, Krunch, Kooth, Beam and Sandwell Murray Hall Community Trust, as well as many others. The ones accessed are identified in graph above. Some respondents may have selected more than one organisation.

Respondents listed 'other' organisations that they had received support from which included:

❖ Places of worship
❖ The Sandwell Carers Services which is part of the Black Country Healthcare NHS Foundation Trust
❖ Sandwell Asian Mental Health Group (Oldbury Library)
❖ Sandwell Adult Discussion Group facilitated by Autism West Midlands
❖ Sandwell Community Information and Participation Service
❖ Healthy Sandwell, a website provided by Public health department.
❖ https://www.healthysandwell.co.uk/

5. Effects on access to mental health and wellbeing services.

Were the organisation (s) identified affected by COVID-19?

No 13%

Yes 87%

■ Yes ■ No

87% of the respondents to the question said that the organisations that they had received support from had been affected by the Covid-19 Pandemic. 13% said that they had not received any support. Participants in the focus groups were also asked about the effect of the Pandemic on the support groups that they used. Comments were generally around how services had moved to virtual meetings and telephone calls with most viewing any contact fairly positively. One participant told how *'the support from the Recovery College staff was good in early Covid- texting; staying in touch; and now courses, this is really helpful'*.

A young person from the focus group spoke about the support that they had received saying that *'the day centre has called me every couple of weeks'* and another commenting that the contact they received *'has helped me with not feeling alone'*. The carers group mentioned having access to telephone befriending and there was also mention of a penfriend service called *'Letter to Louise'* which was received positively. The Emergency crisis team via the Carers Team from the Black Country Partnership NHS Foundation Trust offered support to a carer whose child required help with getting an autism diagnosis, in the situation the Carers Team was mentioned *'I really don't know what I would have done without them'*.
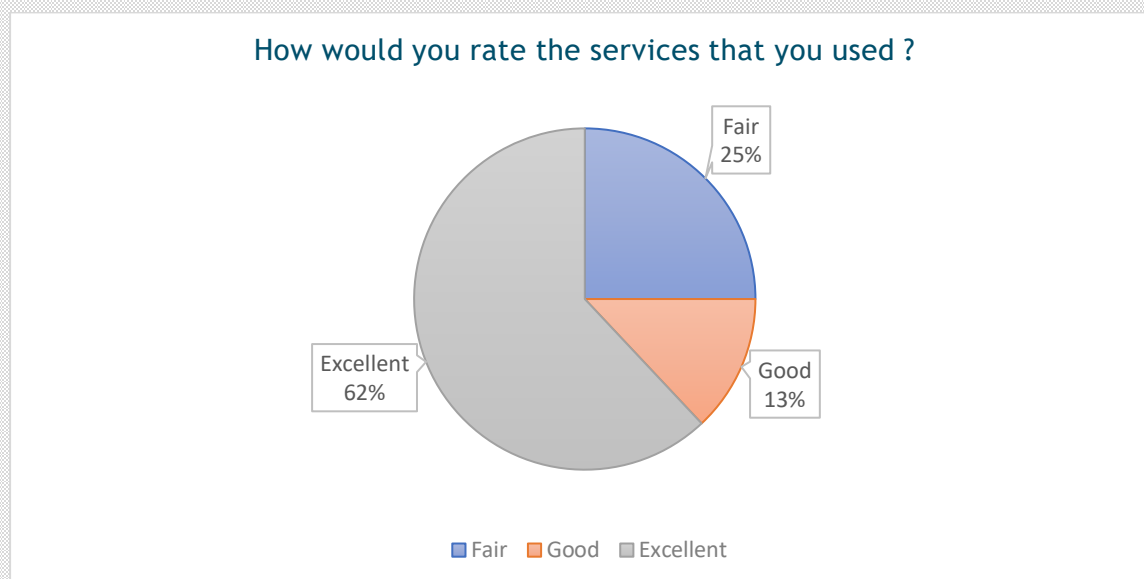
One of the focus groups took place with a deaf and hard of hearing group from Sandwell Deaf Community Association. Their concerns and issues were unique to that group with them being largely concerned with communication issues and being able to access services remotely. One participant pointed out that *'telephone consultations do not work for us'* and more generally that there was a *'lack of understanding of the needs of deaf people'*. Accessing healthcare was a particular source of anxiety because *'now you have to listen to lots of recorded messages'*. The use of masks by medical practitioners was also a source of stress because of the communication issues they caused with one participant saying that *'I had to call 999 in an emergency…and then I had to lipread the Paramedics who were wearing masks. It was so stressful'*.

However, in line with other respondents and participants members of the focus group told of using video calling for accessing service and keeping in touch with people and one participant described it as being *'a godsend to keep me mentally well'*.

One participant said that the only help that they have received during the Pandemic had been from the Sandwell Deaf Community Association, *'they use Zoom and also provide daily government briefings in sign language on Facebook'*.

Although accessing services digitally was welcomed and appreciated by most, for those who do not have access to digital support (apart from telephone), felt further isolated. Several factors were identified why people were not connecting digitally and included: digital poverty, a fear of using various devices and a fear about internet scams.

6. Rating of support services.

How would you rate the services that you used ?

Fair 25%

Good 13%

Excellent 62%

■ Fair ■ Good ■ Excellent

63% of the respondents to the survey question rated the services that they had used as being 'excellent' and 25% said that they were 'fair'. None of the services were rated as being 'poor'.

During telephone calls and focus groups, respondents described being thankful for support but that it was different to being with someone in person, this at times interfered with assessment as especially in counselling, body language plays a major part in the communication. One respondent described the support as *'Easier but not the same as they could only hear (her) and not see (her)'*.

7. Activities to keep mentally well.

All respondents were asked what they had done to stay mentally well during the Covid-19 Pandemic.

Many spoke about getting outside, walking and enjoying time in greenspaces in order to maintain their mental wellbeing with one focus participant spoke about *'being in greenspace, listening to birdsong and being in nature'* and this was mentioned by a survey respondent with them saying *'nature and greenspace is great too; watching the seasons*

change and listening to bird song'. One young person spoke about *'gardening'* and *'making compost'* and this was echoed by some of the survey respondents.

Others spoke about keeping in touch with family and friends all be it remotely with one survey respondent saying that they had been *'speaking to people over the phone or via Zoom and WhatsApp so that I don't become too inward looking'* and one focus group participant said that they had taken the time to *'reconnect with old friends'* to support their mental wellbeing.

Having hobbies was spoken about as being a way of keeping mentally well during the Pandemic with focus group participants and survey respondents telling us about continuing with existing hobbies or beginning new hobbies. One focus group participant told how they were doing *'fine line drawing, poetry, anything creative'* to keep mentally well, and this was echoed by others who had *'started knitting and making items'* or had been *'crafting'*. One survey respondent said that they had *'tried to take up hobbies which I previously did not have time to do, for example, I have recently started to learn to play the piano again'*; another said that they had taken up *'local and family history as a hobby'*.

Whilst for some taking part in volunteering opportunities was beneficial for their own mental wellbeing, conversely one participant felt that **not** being able to volunteer, had a negative impact, *'a lack of one-to-one meetings from the voluntary work I normally do; not making a difference to people's lives, has decreased my self-worth'*.

Some people have used the internet more and some described learning how to use the internet. The latter has resulted in the acquisition of a new skill, which has improved their confidence. Some described taking part with online fitness classes as they were unable to go out.

However, some people had not been able to give any examples of what they had been doing to stay mentally well with one person saying that they had *'declined into a deep depression'* and another said there was *'not a lot I can do, swimming is my exercise which I cannot do because of lockdown'*.

8. Long term implications for mental health and wellbeing services after Covid-19.

It was agreed by the respondents that there would be increased demand for mental health services as a result of the Pandemic. For example, one focus group participant said that *'there will be a much larger need for the services as more people will be affected by Covid-19 in different ways'*. It was identified that General Practitioners (GPs) as gatekeepers to services will need services to refer to. *'Overstretched now. I believe it will get worse. GPs will be busy with people asking to be referred'*.

There was generally concern at what this additional demand for services would mean with respondents and participants using language like *'swamped'* and *'overwhelmed'*; and a concern that there will be a *'lack of funding to address this.'* Some expressed concerns that services would be *'unable to meet everybody's needs'* because *'they couldn't before Covid'* and that *'even before Covid mental health services (and wellbeing) was not in a great place- underfunded, understaffed, etc'*.

There was a specific need identified for bereavement support after the pandemic, as so many people have lost friends and loved ones. It was stated that *'without bereavement*

support then people's mental health may deteriorate further'. It was identified that staff in NHS especially Nurses in Intensive Care Units were specifically mentioned, and other key workers will need on-going support to get over it.

It was identified that young people, who have been home schooled may have spent more time online gaming and there may now be addiction issues, as well as safeguarding if there has been online grooming.

One respondent suggested that women who had given birth during the Pandemic may have mental health issues due to various COVID-19 restrictions during their pregnancy, birth and post-natal care.

Vulnerable people before the Pandemic may be more in need for example, homeless people.

'The pandemic is effecting more people than you think, and we won't be able to just bounce back easily. There will be a chain reaction…. People have been alone for nearly 12 months and may have developed other mental health problems…. a knock on effect due to loss of jobs, short term contracts, no money etc. more people will need help and I don't think the demand will be able to be met'.

However, some participants saw the changes brought by the pandemic in a more positive light, whilst recognising that there would be an increase in demand. For example, being able to access services remotely was seen positively by one young person and it was recognised that *'people may access them more now as they've gone remote. People will realise how easy it is to access them now'.* Others felt that there would be *'a lot of new initiatives to deal with loneliness and isolation'.*

Conclusion

This emerging evidence reveals a widening of pre-existing inequalities in mental health. Looking at the drivers of poor mental health in the pandemic can shine a light on the reasons for this. The Health Foundation identified a number of drivers that worsen mental health during the pandemic[10]

- ❖ Social isolation
- ❖ Job and financial losses
- ❖ Housing insecurity and quality
- ❖ Working in a front-line service
- ❖ Loss of coping mechanisms
- ❖ Reduced access to mental health services

The findings from this report concur with the Health Foundation, this report has identified how COVID-19 has impacted on people's mental health and wellbeing and that isolation, bereavement, unemployment, and uncertainty about the future have all affected them. Access to mental health and wellbeing support organisations have either been postponed or altered to meet the restrictions of the Pandemic and the support had been appreciated.

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[10] https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health

62% of the respondents who did access support services, rated the intervention as '*excellent*'.

However, the deaf community have had communication difficulties in accessing mainstream services. Young people have faced many challenges and although have adapted to new ways and developed resilience there is fear for the future.

People have used a variety of coping mechanisms including walking and new hobbies, however some people have not and have experienced poor mental health during the Pandemic.

It was agreed that the long-term implications for mental health and wellbeing services is that there would be an increased demand as a result of the Pandemic, in particular for bereavement services and post-natal care, addiction and safeguarding.

The use of virtual support was appreciated, and this should be further utilised in the future.

Good mental health is an asset and is also linked to good physical health – both of which support positive social and economic outcomes for individuals and society. Therefore, the impact of the pandemic on mental health could lead to a longer-term erosion of people's physical health, further affecting their ability to lead fulfilling lives. The unequal impacts of the pandemic may lead to a widening of pre-existing health inequalities, as well as affecting people who have not previously experienced poor mental health. Failing to value and invest in mental health during the pandemic risks storing up significant mental and physical health problems for the future – at great human and economic cost.

Recommendations

From the findings, HWS would recommend:

- ❖ Mental health and well-being services be advertised and the resource Route2wellbeing (https://route2wellbeing.info/) be updated regularly by SCVO (Sandwell Council of Voluntary Organisations) so that GPs (General Practitioners), as well as the wider public can access mental health and wellbeing services. It should be considered that statutory organisations be added to this resource.
- ❖ Bereavement support for the public to be readily available and psychological support for key workers by employers to be available.
- ❖ All support organisations for children and young people to consider the effects of the Pandemic (addiction and safeguarding).
- ❖ Resources to address loneliness and isolation to be further enhanced and advertised including Social prescribing11 in Sandwell.
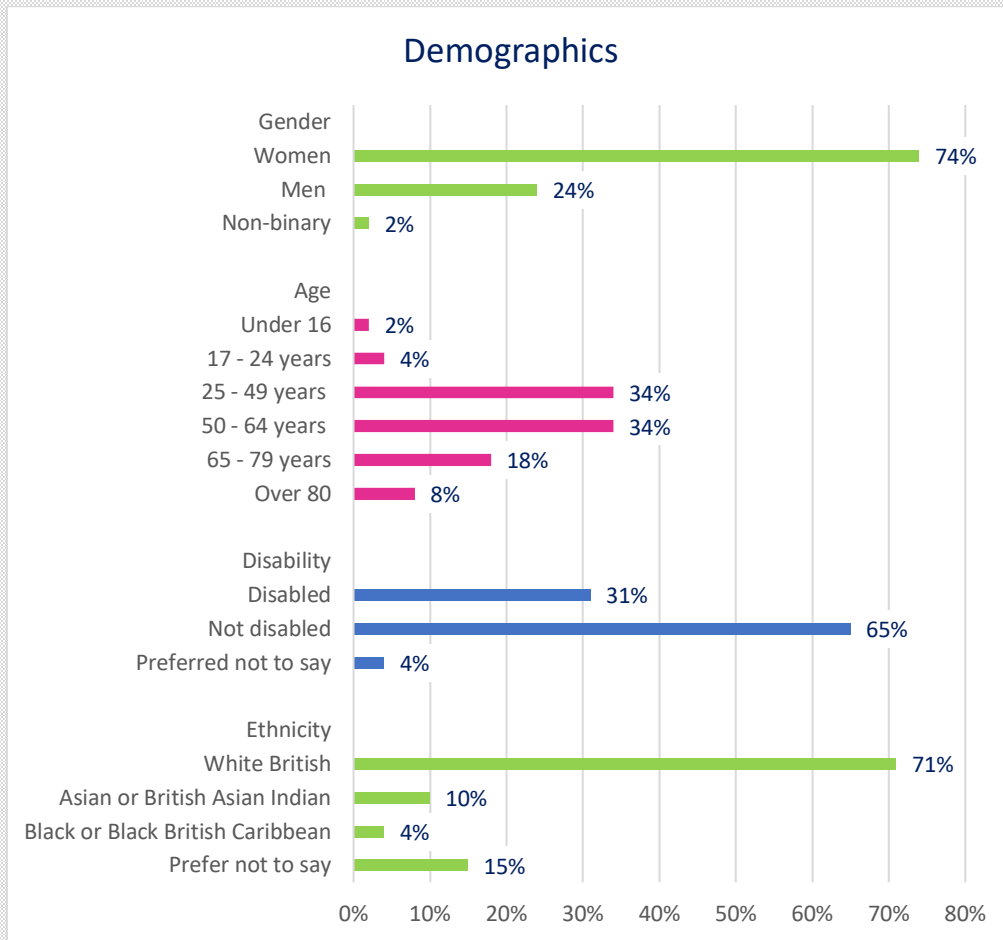- ❖ Emotional support for new parents to be available for all.

COMMENTS:
Healthwatch Sandwell circulated this report to various stakeholders for their comments prior to publication:
'*The report is a good read with some very interesting details within. Some elements of the report support HM government paper published 27th March 2021 on 'Covid19 MH wellbeing recovery action plan' Melvina Anderson on behalf of Black Country Healthcare NHS Foundation Trust.*

[11] Social prescribing is the term given when community-based solutions are identified for people:
- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing

Appendix One

Demographics

Category	Percentage
Gender	
Women	74%
Men	24%
Non-binary	2%
Age	
Under 16	2%
17 - 24 years	4%
25 - 49 years	34%
50 - 64 years	34%
65 - 79 years	18%
Over 80	8%
Disability	
Disabled	31%
Not disabled	65%
Preferred not to say	4%
Ethnicity	
White British	71%
Asian or British Asian Indian	10%
Black or Black British Caribbean	4%
Prefer not to say	15%

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